



HAND DELIVERED

ID#112660
E-Mail

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*Rhode Island Ethics Commission***2009 YEARLY FINANCIAL STATEMENT**RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 JUL 22 AM 11:00

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. ROBITAILLE JOHN F
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 22 ANNETTE DR. PORTSMOUTH, RI 02871
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

SR ADVISOR COMMUNICATIONS - OFFICE OF GOVERNOR
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on _____
(date)

I was appointed on _____
(date)

I was hired on 3-1-08
(date)

If you no longer hold a public position, state date of termination or resignation 2-1-10

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

GOVERNOR

5. List the following: NAME OF SPOUSE

LYNDA ADAMS-ROBITAILLE

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
LYNDA ADAMS-ROBITAILLE	PERSPECTIVE COMMUNICATIONS 747 AQUIDNECK AVE MIDDLETOWN, RI 02842	CLOSED BUSINESS ON 4-1-09
JOHN ROBITAILLE	STATE OF RI OFFICE OF THE GOVERNOR	JAN 1 - DEC 31 ST COMMUNICATIONS

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
N/A		

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: N/A

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
JOHN ROBITAILLE	PERSPECTIVE COMMUNICATIONS	CHAIRMAN
LYNDA ADAMS-ROBITAILLE	747 AQUIDNECK AVE MIDDLETOWN, RI 02842	PRESIDENT

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

N/A

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

JOHN ROBITAILLE

NAME AND ADDRESS OF BUSINESS

PERSPECTIVE COMMUNICATIONS
747 AQUIDNECK AVE
MIDDLETOWN, RI 02842

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

N/A

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

N/A

NAME OF REGULATING AGENCY

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

N/A

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

N/A

DESCRIPTION OF INTEREST	DATE ACQUIRED AND/OR DIVESTED (DO NOT INCLUDE AMOUNT)
100% of the common stock of the company	1998

NAME OF STATE
OR MUNICIPAL AGENCY

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

N/A

NAME AND ADDRESS OF LENDER

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island
County of

Providence

SIGNATURE

SIGNATURE

Subscribed and sworn to before me at Cranton this 21 day of July 20 10

My Commission expires:

4-3-13

SIGNATURE OF NOTARY PUBLIC:

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY
QUESTION IS NOT ANSWERED.

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: STATE OF RHODE ISLAND

Address: STATEHOUSE
PROVIDENCE, RI 02903

Description: SR ADVISOR OF COMMUNICATIONS
OFFICE OF THE GOVERNOR

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☒ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: _____

Address: _____

Description: _____

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island
County of Providence

Signed

7-21-10
Date

Subscribed and sworn to before me at Cranston

on the following date:

July 21, 2010

My Commission Expires: 4-3-13

Nicholas J. DelFino
Signature of Notary Public

(Attach additional sheets if necessary)